

## APPLICATION DATA SHEET

### APPLICATION INFORMATION::

September 19, 2006

Application Type::  
Title::

Utility - Nonprovisional  
MEDICAL BALLOON WITH  
ENLARGED TRANSITIONAL  
RADII

Attorney Docket Number::  
Suggested Drawing Figure::  
Total Drawing Sheets::  
Small Entity?::  
Petition Included::

8627-1391 (PA-5511-PCT/US)  
2  
4  
no  
none

### INVENTOR INFORMATION::

Inventor One Given Name::  
Middle Name::  
Family Name::  
City Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code::  
Primary Citizenship Country::

David  
G.  
Burton  
Bloomington  
Indiana  
U.S.  
604 Glen Arbor Way  
Bloomington  
Indiana  
U.S.  
47403  
U.S.A.

Inventor Two Given Name::  
Middle Name::  
Family Name::  
City Residence::  
State or Province of Residence::  
Country of Residence::  
Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code::  
Primary Citizenship Country::

Christopher  
G.  
Dixon  
Bloomington  
Indiana  
U.S.  
1018 Graywell Drive  
Bloomington  
Indiana  
U.S.  
47401  
U.S.A.

Inventor Three Given Name::  
Middle Name::  
Family Name::  
City Residence::  
State or Province of Residence::  
Country of Residence::

Street of Mailing Address::  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::  
Postal or Zip Code::  
Primary Citizenship Country::

**CORRESPONDENCE INFORMATION::**

Customer Number:: 48003

**REPRESENTATIVE INFORMATION::**

Customer Number:: 48003

**DOMESTIC PRIORITY INFORMATION**

This application is claims benefit of::

Continuity Type:: PCT  
Application No:: PCT/US2005/010534  
Filing Date:: March 29, 2005

and claims the benefit of::

Continuity Type:: Provisional  
Application No:: 60/558,622  
Filing Date:: March 31, 2004

and claims the benefit of::

Continuity Type::  
Application No::  
Filing Date::

**ASSIGNEE INFORMATION::**

Assignee Name:: Cook Incorporated  
Street of Mailing Address:: 750 N. Daniels Way  
City of Mailing Address:: Bloomington  
State or Province of Mailing Address:: Indiana  
Country of Mailing Address:: U.S.  
Postal or Zip Code of Mailing Address:: 47404